Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							T	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	E	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 ( minus 20=					X\$ 9=	9	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		*			X40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT	ENT			Ī	+135=	:	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in colum						olumn 2	L	TOTAL	36400	OR	TOTAL	
	С	LAIMS AS A	AMENDED - PART II							OTHER THAN SMALL ENTITY		
		(Column 1)	F. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		mn 2)	(Column 3)	_	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=	3
	FIRST PRESE	INTATION OF IM	JETIPLE DEF	- EIADEIA	T CLAIIVI			+135=		OR	+270=	Бе
							<b>L</b>	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	51
		(Column 1)		(Colu	mn 2)	(Column 3)				•		A
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	* * * * * * * * * * * * * * * * * * *	HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDIC TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	a
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=	
							L	TOTAL		OR	TOTAL	
							Α	DDIT. FEE		OR	ADDIT. FEE.	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HËST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+270=	
۰۱	f the entry in colu	mn 1 is less than tl	ne entry in colu	mn 2, writ	e "0" in co	lumn 3.	_	+135= TOTAL		OR	+270= TOTAL	
**	f the "Highest Nu	mber Previously Pa mber Previously P	aid For" IN THI	S SPACE	is less tha	n 20, enter "20."	" A(	DOIT. FEE		OR	ADDIT. FEE	
		nber Previously Pa					r foun	d in the app	ropriate box	in col	lumn 1.	ı